

FILED

10/24/2022

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

RECEIVED

JUN 07 2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

Christopher Wheeler

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Officer Lyles

E

Superintendent Greene

22cv3020

Judge Manish S. Shah
Magistrate Judge Heather K. McShain

DIRECT

PC3

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: Christopher Wheeler
B. List all aliases: N/A
C. Prisoner identification number: 20170330135
D. Place of present confinement: COOK County Jail
E. Address: 2700 S. California Ave, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Officer Lyles
Title: Cook Corrections Officer
Place of Employment: COOK County Jail, Division 10

B. Defendant: Superintendent Greene
Title: Divisional Superintendent
Place of Employment: COOK County Jail, Division 10

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number:

Christopher Wheeler v. Officer Lagunis CV 3904

B. Approximate date of filing lawsuit:

4/2020

C. List all plaintiffs (if you had co-plaintiffs), including any aliases:

Christopher Wheeler

D. List all defendants:

Officer Lagunis

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):

Northern District of Illinois

F. Name of judge to whom case was assigned:

McNish Shah

G. Basic claim made:

Failure to Protect

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

Unable to afford fees

I. Approximate date of disposition:

11/17

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III List of Lawsuits Involved In

A. Name of case and docket #:

18cv2070; Wheeler v. Stovall

B. Approx filing date:

2/2018

C. Plaintiffs

-: All Defendants:

Christopher Wheeler

D. All Defendants:

Officer Lagronis

E. Court in which lawsuit was filed:

Northern District of Illinois

F. Judge assigned to case:

Hon. Manish Shah

G. Basis of claim:

Failure to Protect

H. Disposition of case:

Settled out of court

I. Approx date of disposition:

4/2019

Statement of Claim

Page 15 of the Cook county Department of Corrections handbook tells us that inmates have the right to feel safe on our living unit. It tells us that we should follow the chain of command by reporting the issue first to an officer, then to a sergeant, and escalate the issue to a lieutenant if needed. Over several weeks prior to this issue I made every effort to mitigate the problem by doing just that. I spoke with many officers but none took the proactive actions to keep me safe.

Since Mid January 2022 I was housed on the Protective Custody (P.C.) Unit (IB) in Division 10. About 6 weeks after my arrival, detainee Michael Plata was approved for P.C. and placed with me (Division 10-Unit IB-cell 1221) as his housing assignment. Plata and I are both of similar age (approx. 6 year difference) and body build and both classified as maximum security.

Both Plata and I suffer from mental illness and take various medications on the daily basis. Medical records will show that while I take all my meds daily, Plata would often refuse his, only aggravating his mental situation. I notified Nurse Alonso (Regular Medical Nurse for IB) who made note and referred Plata to mental health per my expressed concerns. However, he refused his appointment. Plata would often show very aggressive behavior even outside the cell such as beating on doors, throwing food, jumping on dayroom tables, yelling or slamming phones. His behavior has been punished several times prior to his placement in my cell, including Special Housing Management units for weeks at a time, compared to my near flawless record with no aggressive behavior or the need for special management housing. Until this incident, I had not had any guilty tickets. At some point, Plata saw ~~the~~ his own issues and asked multiple officers and sergeants to see

Mental Health but was denied every time. That only upset him more. His conduct became so bad that officers would hesitate to open our cell door for dayroom time.

Officer Lyles was one of the regular evening shift (3PM-11PM) officers who worked Unit 1B. From the first incident with Plata's behavior (which happened outside of the cell) she has been present. On two occasions Plata got so aggressive that when he tried to go into the officer's office that Officer Lyles rushed to the door and slammed it shut before he could enter. She has got his ID out with the intention of getting off the tier because of his conduct. But even with these warning signs and her own personal safety concerns, she kept locking me in the same cell with Plata. I've expressed my safety concerns to several officers, but none more than Lyles since she was the most frequent

Person working the unit. She has stated that she would call supervisors, ~~but~~ (naming only SGT. Christie as the person responding) but said nobody could do something until something physical happened. I requested cell reassignment almost daily before the incident. I even asked for transfer out of division 10, ~~at~~ but my requests were denied every time.

Officer Lyles worked her usual shift on the evening of March 31st, 2022. When she opened cell 1221 for scheduled dayroom time (approx 6:15 PM), I let Lyles know about the brewing tension between Plata and I and made her aware that it might get physical very soon. She did nothing. At the end of dayroom time (approx. 9PM), I told Lyles I was scared that something would happen since Plata had already made threats earlier that day. While she was at our door, me AND Plata both expressed concern for each other, (this

can be seen on camera), but her reply was "IF I see ~~or~~ him [referring to the Sergeant on duty] I'll let him know, but I'm not calling nobody." About 4 hours later (at APPROX AM on April 1ST 2022) Plata and I began to fight and, as warned, it became physical. Since Lyles left at 11pm, when the fight was heard, Officer Jacob responded and called Sergeant Schnohs for back up. We separated without further commands and cuffed up. We were interviewed separately and taken for medical attention. I had no visible injuries at the time and was scheduled to follow up with Primary Care (DR.B.Davis) the following week. I let her know I was having issues with my vision (Blurred vision, light sensitivity) because Plata placed his fingers in my eye and applied pressure. This, combined with a previous eye injury from another fight and my recent diagnosis as Pre-diabetic, DR.Davis sent me to see an eye doctor. I'm not sure what was found, but my prescription did get worse, I was ordered some medicated drops, and told to come back in 3 months (compared

to the standard 18-24 months).

A similar incident happened with two other inmates on the same unit, under the charge of Officer Lyles. Inmates Benjamin Carlot and Antawane Jackson were housed together in cell 1205. They got into a VERBAL altercation in the cell. During dayroom, they alerted Officer Lyles of the issue, who alerted a sergeant. Carlot was then locked back in cell 1205 while Jackson remained in the dayroom. The two were separated within an hour. Carlot was moved to cell 1208, while Jackson remained in 1205.

It should be noted that both Jackson and Carlot are two black (per presumed) heterosexual guys. Plata is a Latino and I am a black gay male with a high profile case. Although these two incidents may not be related, both happened under the supervision of Officer Lyles.

After the April 1st incident with

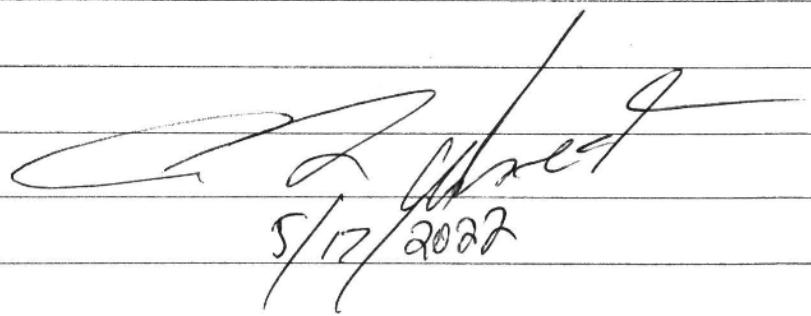
Plata, we were finally separated. Plata was transferred to a P.C. Unit in division 9, I returned to 1B (same cell). However this incident led to others, also under the charge of Officer Lyles.

I was placed on "Out Alone" (Must be housed and come out of the cell without any other inmates) from April 1st to April 3rd, for "Safety" reasons. After I was removed from that status, someone who considered himself a "friend" of Plata threw a "Peanut butter looking substance" into my cell. I reported this and the inmate, Martin Pendergrast was ticketed and charged. But, he was read his charges while I was still present. As such, threats were made where Pendergrast told me he was going to stab me and made an attempt to fight me during dayroom time. All in front of another division 10 officer named Mahafferty. After this, my legal team (Attorney Robert Fox, Attorney ~~and~~ Chief Andrea Lubelfeld and Mitigation Specialist DR. Tang McCoy) began to call and email division 10 leadership to address their concerns for

My Safety. Towards the middle of April 2022 I was transferred to a P.C. Unit in Division 8 where I'm currently housed.

Officer Lyles Failed to Protect Me. Protect me from the physical (possible permanent) harm of Michael Plata, a person even she exhibited fear of. Her conduct was the underlining cause of the altercation with Pendergrast. Superintendent Greene shares liability with Lyles as 1) He was aware of the conduct of the SWOM staff under his supervision 2) As the Superintendent he was well aware of the charges filed against Pendergrast. Therefore, had his team been proactive, they would have been able to prevent that conflict by separating us prior to him being read his ticket. Emotionally, I am terrified of having a cellmate, worried about possible vision loss and uncomfortable with some officers, as they may be friends of Lyles. However, ~~the~~ another emotionally damaging issue is the fact my birthday was April 2nd, 2022. It was my 36th birthday and marked

the ~~st~~ start of my sixth year of incarceration, I was on "out alone" at this time, spending the entire day with no human ~~contac~~ contact and unable to speak with friends and family. This added to an already stressful situation of being locked up, resulting in suicidal thoughts, and 2 trips to mental health. ~~E~~ The situation has (and still is) causing a lot of stress. Prior to the incident with Plata I had zero tickets where I was faulted. That has changed. My disciplinary record was something I took great pride in and was to be used as a part of my mitigation in my criminal case. It will be seen by my criminal judge. It may now be used as aggravation. Again, the simple misconduct of Officer Lyles and division 10 leadership can and may result in things that could be life altering.



C.R. Alvez
5/17/2022

I

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I AM SEEKING \$ 250,000 IN PHYSICAL DAMAGES,
\$ 150,000 IN EMOTIONAL DAMAGE, ADDITIONAL FINANCIAL
ASSISTANCE IF SENTENCED TO IDOC. FINANCIAL ASSISTANCE UPON
DISCHARGE, IF NOT SENTENCED TO IDOC UNTIL CAPABLE TO STABILIZE
EMPLOYMENT, HOUSING, WILL TAKE ACTUAL EMPLOYMENT AND/OR HOUSING
OPPORTUNITY IN VIEW OF FINANCIAL SUPPORT IF NOT SENTENCED TO IDOC.
(SEE ATTACHED)

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 17th day of May, 2022



(Signature of plaintiff or plaintiffs)

Christopher Wheeler

(Print name)

20170330135

(I.D. Number)

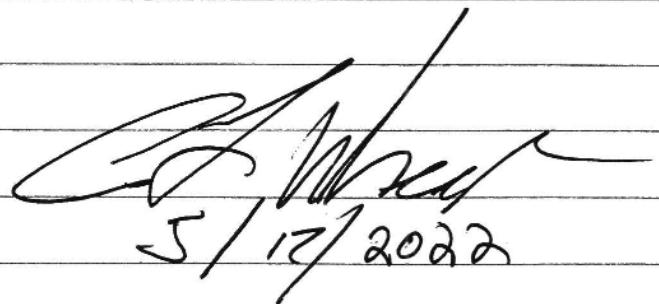
2700 S. California Ave

Chicago, IL, 60608

(Address)

Relief (continued from Page 6)

I am also seeking sensitivity and correctional training for Superintendent Greene and all sworn staff under his command, including Officer Lyles. I would like sort of Policy for CCDoc staff and leadership to allow and require Prevents incidents similar to Mine with Plata, instead of the current Policy only allowing reactive measures.



CJ Wren
5/12/2022



COOK COUNTY SHERIFF'S OFFICE (OFICINA DEL SHERIFF DEL CONDADO DE COOK)

INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

1010-1B-1221

INCIDENT REPORT NO.	CONTROL NUMBER	IR NUMBER	FBI NUMBER	SID NUMBER	INMATE ID NUMBER
DIV10-2022-6212	N/A	2363252	D00K0AD58	IL45738810	762525
INMATE INFORMATION					
Inmate's Name (Print) (Nombre del recluso Imprimir): Christopher Wheeler	Inmate's DOB (Fecha de nacimiento): 4/2/1986	Booking Number: 20170330135	Division/Unit(Division/unidad): Division 10	Inmate's Living Unit(Unidad de vida): In-Cell	
INFRACTION INFORMATION					
<input type="checkbox"/> VERBAL WARNING <input type="checkbox"/> FORMAL CHARGE	Date of Infraction: 4/1/2022	Time of Infraction: 1:30 AM	Location of Infraction (Lugar de la Infraccion): DIVISION 10	Restitution Form Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER	CHARGE				
207	Fighting				
VICTIM / WITNESS INFORMATION					
<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	Michael Plata			
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	Christopher Wheeler			
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	T Jacob			
INFRACTION NARRATIVE (Infraccion narrativa)					
At apx. 0115hrs. on 1 April 22 R/O T. Jacob #15609 heard a commotion on tier 1B. R/O went into the living unit and found inmate Plata, Michael 20201215085 in cell 1221 standing between the door and the bunks and his face was bleeding. I radioed for Sgt. Schnolis #3233 to report to 1B. The second person in cell 1221 was inmate Wheeler, Christopher 20170330135. Several officers and Sgt. Schnolis arrived on 1B and both inmates were removed from cell 1221 without further incident and inmate Plata, Michael 20201215085 was taken to Cermak Hospital for medical evaluation. End of report					
Material Confiscated/Evidence Bag Number (Attach photocopy of evidence) Materials confiscados/pruebas bolsa numero (adjuntar fotocopia de pruebas):					
CLASSIFICATION UNIT					
Inter-Agency Health Inquiry Submitted: If YES, Date Submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	Assessment Completed: <input type="checkbox"/> DNA <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where? <input type="checkbox"/> Medical Health <input type="checkbox"/> Mental Health	Assessment Received: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Approved For Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	Was Verbal Warning Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA				
Placed in Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA If YES, Date/Time	If Yes, Were Privileges Restricted Type of Privilege and Duration of Restriction	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA			
Classification Unit Personnel (Print):		Title:		Star #	
Reporting Personnel's Name (Print): Jacob, T.	Star # 15609	Signature: /s/ Jacob, T, Star # 15609		Date: 4/1/2022 2:08:32 AM	
Reviewing Supervisor's Name (Print): Schnolis, D	Star # 3233	Signature: /s/ Schnolis, D, Star # 3233		Date: 4/1/2022 2:12:06 AM	
Watch Commander (Print): Wolfe, M	Star # 763	Signature: /s/ Wolfe, M, Star # 763		Date: 4/1/2022 2:26:39 AM	
Disciplinary Report Delivered to Inmate by (Print Name): (Informe disciplinario entregado al recluso por:) Shavers, A				Star Number: (Número de estrella) 18462	



INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

Date Delivered: (Fecha de entrega:) 4/1/2022	Time Delivered: (Tiempo de entrega:) 2:30:01 AM	Signature of Serving Staff Member: (Firma del miembro del personal que sirve:) /s/Shavers, A, Star #18462
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**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): <i>Wheeler, Christopher, Jr.</i>	AGE: <i>36</i>	DATE OF BIRTH: <i>April 2, 1986</i>	HOME #: <i>N/A</i>
	HOME ADDRESS: <i>2700 S. California Ave</i>	CITY: <i>Chicago (FD 2017033013)</i>	STATE I.D./D.L. #: <i>WY46011856095</i>	WORK/OTHER #: <i></i>
STATE: <i>IL</i>	ZIP CODE: <i>60608</i>			STATE OF ISSUANCE: <i>IL</i>

I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.

Complainant Information	DATE OF INCIDENT: <i>3/31/22</i>	TIME OF INCIDENT: <i>9 PM</i>
	LOCATION OF INCIDENT: <i>Dw 10 - VB (CCDOC)</i>	
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:	
	<i>OFFICER Lyles, Black female, early to mid thirties, over 6ft tall. Works in Division 10 on 3p-11p shift</i>	

Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.		
	NAME	ADDRESS/CITY/STATE/ZIP	HOME PHONE #

Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.
	<i>This officer was told multiple times about ongoing issues and rising tension between me and my former cellmate, Michael Piatu (20201215065). The final time, she was told during lockdown about my fear and concerns of imminent danger. I asked for a supervisor (white shirt) and was told "If he (white shirt) comes down I'll let him know but I'm not calling anybody less than 5 hours later, a physician & right to place inside</i>

CONTINUED ON REVERSE

FOR OFFICE USE ONLY

DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

LAD/IG #: _____

Complaint Narrative (Continued)

the cell. This was 100% preventable. Had OFC Cycles performed basic job duties and responded to the threat and protected her the inmates she was charged to protect no harm would have been done. The ending result was ~~that~~ physical harm to both of us. Emotional damage, trauma, and loss of trust. Now I have disciplinary actions and reports that can aggravate my sentence if I'm found guilty.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Christopher Wheeler
 (Print Name)

Complainant's Signature:

Date:

State of Illinois)
 County of Cook)

Signed and sworn to before me on

April 13, 2022
 (date)

Christopher Wheeler
 (name of person making statement)



K Sankey
 (signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, **signed and notarized**, complaint form to:

Cook County Sheriff's Office of Professional Review

3026 S. California
 Chicago, IL 60608



COOK COUNTY SHERIFF'S OFFICE		CONTROL #	INMATE ID #
(Oficina del Alguacil del Condado de Cook)			
INMATE GRIEVANCE FORM			
(Formulario de Queja del Preso)			
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (!Para ser llenado solo por el personal de Inmate Services !)			
<input type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance		<input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: <input type="checkbox"/> Other: _____	
PRINT - INMATE LAST NAME (Apellido del Preso): <i>Wheeler</i>		PRINT - FIRST NAME (Primer Nombre): <i>Christopher</i>	
DIVISION (División): <i>10</i>		LIVING UNIT (Unidad): <i>IB 1221</i>	
		INMATE BOOKING NUMBER (#de identificación del Preso) <i>27170330135</i>	
		DATE (Fecha): <i>4/11/2022</i>	
GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT			
<p>Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.</p> <p>The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.</p> <p>The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)</p> <p>The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.</p> <p>The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.</p> <p>The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.</p> <p>The grieved issue must not contain offensive or harassing language.</p> <p>The grievance form must not contain more than one issue.</p> <p>The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.</p>			
DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA			
<p>El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.</p> <p>El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.</p> <p>El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).</p> <p>El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.</p> <p>El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.</p> <p>El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.</p> <p>El asunto de la queja no puede contener lenguaje ofensivo o amenazante</p> <p>La solitud de la queja no puede contener más de un asunto.</p> <p>El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.</p>			
REQUIRED - DATE OF INCIDENT (Fecha del Incidente) <i>3/31/22</i>	REQUIRED - TIME OF INCIDENT (Horas del Incidente) <i>9PM</i>	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) <i>DV 10-1B</i>	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) <i>Bellitto, Lyle</i>
<p>I let the officer know about the major tension between me and my room mate cell housemate Michael Flit. This included arguments (some within view and some off glas) aggressive behavior on Flit's part, and Verbal threats to me and other inmates on 3/31. I let Lyle know of the ongoing issues. She said she would come contact. At 9PM today I informed her of the threat of a Falsified Firearm right. Her reply is she will check down here. I do not know, but I'm not calling anyone. Because she disregarded my safety, and failed to act on the verbal and written warnings less than 5 hours.</p>			
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):		INMATE SIGNATURE: (Firma del Preso): <i>C. Wheeler</i>	
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW/PLATOON COUNSELOR (Print): <i>John Dugan</i>	SIGNATURE: <i>John Dugan</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>4/11/22</i>	
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:	



COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)		CONTROL #	INMATE ID #
INMATE GRIEVANCE FORM			
(Formulario de Queja del Preso)			
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)			
<input type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance		<input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: _____ <input type="checkbox"/> Other: _____	
PRINT - INMATE LAST NAME (Apellido del Preso): <i>Wheeler</i>		PRINT - FIRST NAME (Primer Nombre): <i>Christopher</i>	
DIVISION (División): <i>10</i>		LIVING UNIT (Unidad): <i>IB 1221</i>	
		INMATE BOOKING NUMBER (#de identificación del Preso) <i>20170330135</i>	
		DATE (Fecha): <i>4-10-2022</i>	
GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT			
<p>Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.</p> <p>The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.</p> <p>The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).</p> <p>The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.</p> <p>The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.</p> <p>The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.</p> <p>The grieved issue must not contain offensive or harassing language.</p> <p>The grievance form must not contain more than one issue.</p> <p>The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.</p>			
DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA			
<p>El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.</p> <p>El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.</p> <p>El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).</p> <p>El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.</p> <p>El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.</p> <p>El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.</p> <p>El asunto de la queja no puede contener lenguaje ofensivo o amenazante</p> <p>La solitud de la queja no puede contener más de un asunto.</p> <p>El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.</p>			
REQUIRED - DATE OF INCIDENT (Fecha del Incidente) <i>3/3/22</i>	REQUIRED - TIME OF INCIDENT (Horas del Incidente) <i>9:54</i>	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) <i>DIA 10-15</i>	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) <i>Officer Lyle</i>
<p><i>Later on 4/1 at approx. 1:30 AM we ended up in a Physical fight. That happened with Officer Lyle and another officer in both Pats. custodial areas, as well as disciplinary areas (Sisterhood Hall and the basement of the Seitz building). For something that could have been avoided.</i></p>			
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):		INMATE SIGNATURE: (Firma del Preso): <i>[Signature]</i>	
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW/PLATOON COUNSELOR (Print): <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>4/12/22</i>	
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>	DATE REVIEWED: <i>4/12/22</i>	
(FCN-73)(NOV 17)	(WHITE COPY – INMATE SERVICES)	(YELLOW COPY – CRW/PLATOON COUNSELOR)	(PINK COPY – INMATE)

Oficina Del Alguacil del Condado de Cook

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

20220586-7625857

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Wheeler

INMATE FIRST NAME (Primer Nombre): Christopher

ID Number (# de Identificación): 20170330135

GRIEVANCE ISSUE AS DETERMINED BY CRW:

24B Misconduct (non physical) by Sober Staff

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): D.VIO SUPT

DATE REFERRED: 4/13/22

RESPONSE BY PERSONNEL HANDLING REFERRAL

THE SAFETY AND SECURITY OF ELIMINATES HOUSED AT THE CDOC IS OF THE UTMOST IMPORTANCE. UNFORTUNATELY DUE TO AS THESE LIVING MACHA UNNING IS GIVEN IS UNAVOIDABLE ALL IN INCIDENT DUE TO THE PRACTICING ON THE HAVING IN THE

PERSONNEL RESPONDING TO GRIEVANCE (Print): SGT CLEMENTAS

SIGNATURE: SGT CLEMENTAS

DIV./DEPT.: 10

DATE: 4/13/22

INMATE

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/29/22

INMATE

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE

TO BE COMPLETED BY INMATE

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 4/29/22

Yet after my representations and efforts to mitigate the issue, it was rejected. This can have a sentencing for something I tried to prevent a negative impact.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) No

(Apelación del preso aceptada por el administrador o/su designado(a))

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a))

Original Response to Staff

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): T. Mueller

SIGNATURE (Firma del Administrador o/su Designado(a)): J

DATE (Fecha): 5/6/22

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

MAY 9 2022

INMATE

(NOV 17)

(WHITE COPY – INMATE SERVICES)

(YELLOW COPY – C.R.W.)

(PINK COPY – INMATE)

GOOK COUNTY SHERRIFF'S OFFICE

